Sentinel Lymph Node Biopsy – Here to Stay

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The management of the axilla has been the subject of debate for some years. The debate has become even hotter since the introduction of sentinel lymph node biopsy (SLNB). In the present era, when lymph node status and its magnitude of involvement are the most important prognostic factors for clinicians to decide on subsequent adjuvant treatment, axillary surgery plays an essential role in the management of breast cancer. Although axillary dissection is still regarded as the standard of care for patients with invasive breast cancer, its routine use in daily practice has been questioned. For breast cancer less than 2 cm in diameter, the chance of having metastasis to regional lymph nodes may be less than 25%. In addition, the chance of having more than one lymph node involved is even lower. However, the morbidity associated with surgery is real; between 2% and 30% of patients will have lymphoedema, and almost all patients will have numbness if the intercostobrachial nerve is sacrificed during the procedure. Although they are not serious complications, they pose a great nuisance to patients. Even when these problems are absent, the impending threat of having complications such as lymphoedema causes worry to a lot of women.

The development of SLNB helps to improve the situation for node-negative disease. A negative sentinel node obviates the need for axillary dissection, so the chance of associated complications is much reduced. Yet, if the node is examined in a thorough and systematic manner, the chance of missing a micrometastatic focus is less than 5%. Thus, the purpose of staging is fulfilled with low risk of complications.

In this issue of the *Asian Journal of Surgery*, the different aspects of SLNB are addressed. Its efficacy and patients' quality of life are discussed. The status of clinical trials in different continents is reviewed, as is the possibility of performing SLNB after neoadjuvant therapy. The controversial issue of using bone marrow aspiration alone or together with SLNB is discussed.

The technique for SLNB has been established. Its use will become more widely accepted, especially for early breast cancer. With this paradigm shift and a better understanding of the biology, the management of breast cancer will become more refined. Patients will have better treatment outcomes without being subjected to the complications associated with axillary dissection that would impair their quality of life.

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